Express Mail Label No. (if applicable) N/A	

## Request for Continued Examination (RCE) Transmittal

Address to: Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

Application No.	10/579,025
Confirmation No.	3646
Filing Date	October 19, 2006
First Named Inventor	Dennis Panicali
Group Art Unit	1632
Examiner Name	Wu Cheng Winston Shen
Attorney Docket No.	701281
Client Reference No.	E-087-2005/0-US-03

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

					A STATE OF THE STA					
1.	1. Submission required under 37 CFR 1.114									
• •	a. Previously submitted									
	i.	· · · · · · · · · · · · · · · · · · ·			reply unde	r 37 CFR	1.116 previo	usly filed o	n	
		i. Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on  (Any unentered amendment(s) referred to above will be entered.)						V		
	ii.									
	iii.	iii. 🔲 Other:								
	b. 🗵	Enclosed								
	i.	🛛 Amendm	•	•		iv.	Form PT	O-1449		
	ii.	⊠ Affidavit(	s)/Decla	aration(s)		V.			es listed in For and applications)	m PTO-1449
	iii.	Informati	on Disc	osure Statement (IDS) vi. 🗌 Other:						
2.	Miscell	Miscellaneous								
	a.   Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period							c) for a period		
	of months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(i) required.)									
	b. 🔲	Applicant cla	ims sma	all entity statu	ıs. See 37	7 CFR 1.2	7			
	c. 🗌	Other:								
3.	3. Fees - The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.									
	a. 🛛 Please charge Deposit Account No. 12-1216 in the total amount indicated below.									
							\$810.00			
	ii.									
	iii. A extension has already been secured and the fee paid therefor of \$ 0.00 is									
	****	deducted			¥		unt of extens			
	iv.	□ Petition f							•	
							nder the pres			
			•	•		•	the appropria		· · · · · · · · · · · · · · · · · · ·	
	٧.		_	ction fee of \$				•		\$ 0.00
	vi.	Other:			•		· · · ·			\
	vii.	Claim fee	Э							
		CLAIMS		HIGHEST						
		REMAINING		NUMBER	Extra		Add'l		Add'L	
		AFTER		PREVIOUSLY	CLAIMS		CLAIM		CLAIM	
CLA	IM FEE	AMENDMENT		Paid For	PRESENT	RATE	FEE	RATE	FEE	
TOT	AL	18	Minus	44	= 0	x 26 =		x 52 =		
IND	EPENDENT	2	MINUS	8	= 0	x 110 =		x 220 =		
☐ FIRST PRESENTATION OF MULTIPLE CLAIM + 195 = + 390 =										
	-				Tota	al amoun	t to be charg	ged to Dep	osit Account	\$1920.00
	b. 🛛	The Commis	sioner is	s hereby auth	norized to	charge ar	y deficiencie	s in the ab	ove fees or to	
		credit any ov		•		<del>-</del>	•			

In re Application of Panicali et al. Application No. 10/579,025

## REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL (continued)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED							
Name (Print/Type)	Rachel J. Mejdrich	Registration No. (Attorney/Agent)	53,477				
Signature	Pache Anydil	Date	July 13, 2011				
Address	Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6731	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)				

RCE TRANSMITTAL (Revised 2/12/2010)